n			· · · - · ·	ALTH OF MISSOUI				24.2	DP
NES SEP 24	SSZ	STAND	ARD CERTIF	ICATE OF DEA	ITH	State F	ile No	いよい	O #
BIRTH NO		REG. DIST.	но. <u>/3</u> ×	PRIMARY REG. DIST.	но. <u>3 о</u>	21 Regists	rar's No	131	
I, PLACE OF DEAT a. COUNTY	rh undy		,	2. USUAL. RESIDE a. STATE MO.		Sulliva	ITY B.n		idence before admission).
b. CITY (If outside corp OR TOWN Tren		JRAL and give township	c. LENGTH OF STAY (in this place) 3 WK8.		town,	Mo.	give town	20 /°	,-0
d. FULL NAME OF (II HOSPITAL OR INSTITUTION TO	d. STREET ADDRESS	(If rural, gi	ive location)	·		<i>'</i>			
3. NAME OF 8 DECEASED	a. (First)	b	o. (Middle)	c. (Last)		4. DATE (Month)	(Daÿ)	(Year)
(Type or Print)	Bessie		hnson	Ross		DEATH Set	ot.]	LO-52	<u> </u>
<i>[</i>]	color or race		NEVER MARRIED, DIVORCED (Specify)	March 18,1		9. AGE (In years	of these Months	Days Ho	theory as sers, sure Min.
10a. USUAL OCCUPATION done during most of working House Wil	(Clive kind of work		BUSINESS OR IN- DUSTRY	l	y and State	or Foreign Count	ry)	12. CITIZE COUNTR	
13a. FATHER'S NAME	-	136.	MOTHER'S MAIDEN		14. NAME	OF HUSBAND			
L.C.Johnso			ura Shippi			ley Ros			
15. WAS DECEASED EVER (Yee, no. or unknown) (If y	R IN U.S. ARMED FO		SOCIAL SECURITY NO.	Charley Ro			ME Mo.	AD	DRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR COI DIRECTLY LEADIN	NDITION NG TO DEATH*(71	bra /	Lend	enhag	e.	ONSET A	L BETWEEN
*This does not mean	ANTECEDENT CAU	USES				•	•	100	Jan
the mode of dying, such as heart failure, asthenia,	Morbid conditions, rise to the above cau the underlying cause	TARE (O) BUOLING	UE TO (b)	<u>.</u>	-				
etc. It means the dis-		D	DUE TO (c)					<u> </u>	
	II. OTHER SIGNIFIC Conditions contribu- related to the disease	uting to the death	but not .						·
19a. DATE OF OPERA-	196! MAJOR FINDI	INGS OF OPER	RATION 3 - 1			331>	<u> </u>	20, AUTO	OPSY?
21a. ACCIDENT (I SUICIDE HOMICIDE			UURY (e.g., in or about /, street, office bidg., stc.)	21c. (CITY, TOWN, OR 1	TOWNSHIP)	_	UNTY)		rațe)
21d. TIME (Month) OF INJURY	(Day) (Year) (H	Your) 21e. IN WHILE A WORK	NJURY OCCURRED AT WHILE AT WORK	21f. HOW DID INJURY	OCCURT			·	·
22. I hereby Cartify the		_	rom P	1952, to	re causes	41952, the			deceased
23a. SIGNATURE	Die	(File	(Degree or title)		nta	Tro	D	st: 11	E SIGNED
24a. BURIAL, CREMA- TION, REMOVAL (Speedly) Purial/)	24b. DATE 9-12-52	1 1	AME OF CEMETER	e. :	Sulli	TON (Oity, town	Mo		>(status)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIG	GNATURE	tari 1/8	25. FUNERAL DIRECT				ton,	Mo.
		U	icensed Embalmer's	Statement on Reverse Side	e)				

•	 			
		CTATELICATE	RY LICENSED	CRIDATATED

I hereby certify that the body whose name is recorded	corded on the reverse side of this certificate was embalmed by me, or by				
orking under my personal supervision.	Signed Sian Martin				
Student Embalmer	Signed Licensed Embalmer No 3760				
	P. O. Address Thinceton, Mil				

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.